Texas Department of Public Safety Driver Improvement Bureau P.O. Box 4087, Austin, TX., 78773-0320

Examination/Investigation Request

Please complete this form if you have <u>personal knowledge</u> about a driver you believe is no longer capable of safely oper
ating a motor vehicle.

- → After reviewing this report, the Department may require the driver to take certain tests such as a vision, knowledge or driving test or provide other medical information.

	or in response to a court order.	in this report pursua	int to a r	equest una	er the Public
PERSONAL INFORMATION ON PERSON BEING REPORTED PLEASE COMPLETE ALL AVAILABLE INFORMATION.	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DRIVER LICENSE NUMBER		
	Address	Сіту		STATE	ZIP CODE
	LICENSE PLATE NUMBER	PHONE NUMBER			
vehicle. Give specific d	ents related to or conditions about this ates, locations, accident reports, possil g or evaluation. You should report only	ole medical conditions	and all of	her informa	tion which sup
	IT IS A VIOLATION OF THE TEXAS PENAL C	CODE TO INTENTIONALLY I	FILE A FALS	E REPORT. A	NY PERSON WHO
PERSON COMPLETING REQUEST	PRINT FULL NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO DRIVER		TELEPHONE NUMBER	
	Address	Сіту		STATE	ZIP CODE
	SIGNATURE	'	DATE	•	'